

### Earnings and Expenses

Affiliates must complete an *Earnings and Expenses Form* for each case at the end of its R&P Period to confirm whether the client(s)' income exceeds their expenses.

<b>Client Name:</b>		<b>Employed (Y/N):</b>	
<b>Client Name:</b>		<b>Employed (Y/N):</b>	
<b>Client Name:</b>		<b>Employed (Y/N):</b>	
<b>Date of Arrival:</b>		<b>Case Number:</b>	
<b>90th Day:</b>		<b>Case Size:</b>	
<b>R&amp;P Per Capita:</b>		<b>Flex:</b>	

Monthly Income and Assistance		Monthly Expenses	
Source	Amount (monthly) <i>Write N/A if not applicable</i>	Source	Amount (monthly) <i>Write N/A if not applicable</i>
Employment Income <i>(list one income per person):</i>		Rent:	
Employment Income <i>(list one income per person):</i>		Food:	
Employment Income <i>(list one income per person):</i>		Utilities (gas):	
Assistance from U.S. Tie/Family:		Utilities (electric):	
Assistance from Friends:		Utilities (water):	
SSI/Disability:		Phone:	
Food Stamps:		Transportation:	
Cash Assistance:		IOM Travel Loan Payment:	
Rental Assistance:		Savings:	
Utilities (gas):		Other (specify):	
Utilities (electric):		Other (specify):	
Utilities (water):		Other (specify):	
Transportation Assistance:		Other (specify):	
Other <i>(such as WIC/LIHEAP, specify):</i>		Other (specify):	
<b>Total Monthly Income:</b>		<b>Total Monthly Expenses:</b>	

<b>Total Monthly Income - Total Monthly Expenses =</b>	
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<b>Does Household Income Exceed Expenses? (Y/N)</b>	
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Signatures	
<b>Date:</b>	
<b>PA Name:</b>	
<b>PA Signature:</b>	
<b>Client 2 Name:</b>	
<b>Client 2 Signature:</b>	
<b>Client 3 Name:</b>	
<b>Client 3 Signature:</b>	
<b>Client 4 Name:</b>	
<b>Client 4 Signature:</b>	
<b>Staff Member Name:</b>	
<b>Staff Member Signature:</b>	
<b>Interpreter Name:</b>	
<b>Interpreter Signature:</b>	